(b) 35.

(c) Every effort is made to take officers on deputation from each cadre, keeping in view the Central Deputation Reserve of each cadre.

Measures to determine poverty line

774. SHRI P. N. SUKUL:

SHRIMATI SUDHA VIJAY JOSHI:

Will the Minister of PLANNING be pleased to state:

(a) what are the indicators being adopted now to determine the poverty line in respect of an individual or family;

(b) what part of the country's populations was below the poverty line in the beginning of the current Plan and now as per these indicators;

(c) the details of the poverty alleviation plans now under implementation in the country; and

(d) what is the level of poverty reduction sought to be achieved by the end of this plan period?

THE MINISTER OF PLANNING AND PROGRAMME IMPLEMENTATION (SHRI MADHAVSINH SOLANKI): (a) The main indicator for determining the poverty line is calorie consumption. The Task Force on "Minimum Needs and Effective Consumption Demand' constituted by Planning Commission (1979) defined the poverty line as per capita monthly expenditure of Rs. 49.09 in rural areas and Rs. 56.64 in urban areas at 1973-74 prices corresponding to the per capita daily calorie requirement of 2400 in rural areas and 2100 in urban areas. Poverty line up-dated for 1983-84 was Rs. 101.80 for rural areas and Rs. 117.50 for urban areas.

(b) At the time of the commencement of the Seventh Five Year Plan a number of persons living below poverty line were available for the year 1983-84. During that year the percentage of persons below poverty line was 40.4 in rural areas, 28.1 in urban areas and 37.4 for iural and urban combined at All India level.

(c) The Seventh Five Year Plan envisages a 5 per cent per annum growth in the economy through investments in agriculture^ industry and infrastructure in order to generate higher income and employment. Besides this investments in poverty alleviation programmes such as Integrated Rural Development Programme (IRDP), National Rural Employment Programme (NREP) and Rural Landless Employment Guarantee Programme (RLEGP) have been suitably intensified during the 7th Plan. Special programmes are also being implemented for scheduled castes and scheduled tribes as well as hilly and backward areas.

(d) In the Seventh Five Year Plan the percentage of population below poverty line is projected to be reduced to 25.8 in 1989-90.

Import of Vaccines

775. SHRI P. N. SUKUL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a number of vaccines are being imported in the country;

(b) if so, the names of those vaccines;

(c) what was the total import of each vaccine from 1st January to 31st December, 1988;

(d) the names of the parties which imported these vaccines, quantity imported by each, CIF price of each vaccine of each import alongwith source of import; and

(e) what is the number of samples of these vaccines which were drawn during 1988 and what is the report of each alongwith the laboratory where sample tested?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Yes, Sir.

I (b) Following vaccines are imported

into the country:— 1.

Measles Vaccine

2. MMR Vaccine
3. Polio Vaccine
4. Hepatitis B Vaccine
5. Meningococcal Vaccine
6. Inactivated Rabies Vaccine
7. Anti-Rabies (P.C.E.C.l Vaccin$_e$

(c) to (e) Information is being collected and will be laid on the table of the Sabha.

Import of medicines

776. SHRI P. N. SUKUL; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that Methandienone, Iudomethacin, Rifampicin, Norethisterone, Dyrogesterone and GHpazide are being imported in the country;

(b) if so, the quantity of each imported during the last three years, yearwise-

(c) the names of the parties which imported these drugs and what was the quantity imported by each along with source of import and CIF price per unit; and

(d) what are the names of diseases for which each is being used and what are the details of side effects which came to the notice of Government?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROI KHAPARDE); (a) to (c) A$_s$ per Annexure *[See* Appendix CXI IX, Annexure No. 45].

(d) As per statement *(Sec* below)

Statement

No serious side-effect has come to the notice of this Ministry. Names of some of the diseases for which each is being used are given below :

Name of the drugs	Diseases for which used
1. Methadienone	For the treatment of Osteoporosis, Inoperable Neoplast of the breast, for conditions characterised by protein and bone wasting.
2. Indomethacin	Treatment of Pheumatoid Arthritis, Ankylosing Spondylitis, Osteo-arthritis and acute gout.
3. Rifampicin	Treatment of T.B. and Leprosy.
4. Nor-ethisterone . . .	Treatment of Amenorrhoea, Functional Uterine bleeding.
5. Dyrogesterone	—do—
6. Glipazide	Treatment of Diabetis.

Contaminated intravenous fluid by Osiers Pharma Limited

777. DR. NARREDDY THULASI REDDY;
SHRi CHATURANAN MISHRA;
SHRI GURUDAS DAS GUPTA;

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that the entire stock of 80,000 bottles of an intravenous fluid supplied by a Coimbatore based firm Osiers Pharma Limited were found to be contaminated; and

(b) if so, what action has been taken against the firm?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROI KHAPARDE); (a) and (b) M/s Eskay